

Bilateral endometrioid carcinoma of ovary: A case report

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Abstract: *Background:* A 54 year female presented with distension of abdomen, and weight loss. Abdominal ultrasonography revealed Bilateral Ovarian carcinoma. Patient was operated and specimen received to the department of Pathology. The resected specimen showed two large ovarian masses, on cut open solid and cystic areas seen. Histologically tubular pattern of tumor tissue seen with no endometriotic (endometriosis) foci. *Objectives:* Endometrioid carcinoma accounts for 10% of all ovarian carcinomas. Bilaterality noted in 28% of cases. Cancers adjacent to endometriosis on the same ovary or arising within endometriosis were labeled endometriosis associated endometrioid carcinoma, while all others were considered typical endometrioid adenocarcinoma. *Conclusion:* We report a case of bilateral typical endometrioid adenocarcinoma.

Keywords: Endometrioid, Bilaterality, endometriosis.

Introduction

It is a Primary Ovarian neoplasm which bears a striking histologic resemblance to adenocarcinoma of the endometrium. This entity was first recognized by Sampson in 1925 [1]. Endometrioid tumors of the ovary closely resembles those encountered more frequently in the endometrium [2]. Endometrioid carcinoma accounts for 10% of all ovarian carcinomas. Bilaterality noted in 28% of cases [2]. Cancers adjacent to endometriosis on the same ovary or arising within endometriosis were labeled endometriosis associated endometrioid carcinoma, while all others were considered typical endometrioid adenocarcinoma [3]. We report a case of bilateral typical endometrioid adenocarcinoma.

Case History

Clinical Details: A 54year female presented with distension of abdomen, loss of appetite and weight loss for a period of 2years. On clinical examination mass per abdomen seen on the lower part involving the lower quadrants. On palpation both solid and cystic areas found measuring about 10x8x6cm. On USG Bilateral Ovarian carcinoma was suspected. Patient was operated and specimen received to the department of Pathology.

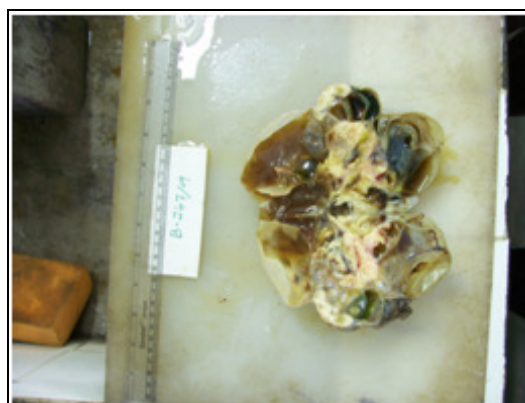


Fig-1: Cut surface of ovarian tumor showing solid and cystic areas.

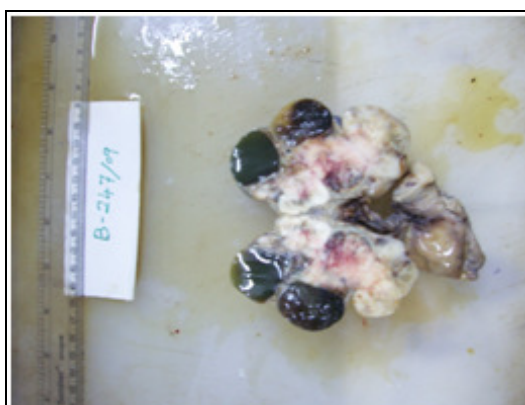


Fig-2: Cut surface of ovarian tumor showing solid grey white areas and cystic gelatinous areas.

Pathologic Features: Gross: Specimen received as two ovarian masses one is attached with the uterus. Each ovarian tumor masses (m) 10x8x4cm. On cut open large cystic and solid areas seen. Solid areas measuring 4x3 cm, grey white with areas of hemorrhage and necrosis. Cystic areas measuring 3x4cm, Containing greenish jell like material. Uterus and cervix were atrophied. A separately sent mesenteric lymphnode measuring 3x2cm and omentum measuring 10cm with dissection of four lymph nodes.

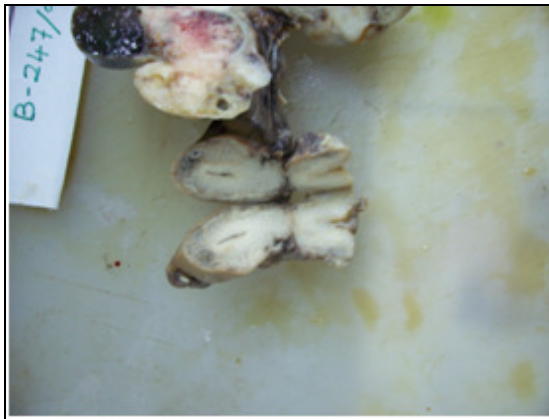


Fig-3: Gross specimen of atrophied uterus attached to ovarian tumor.

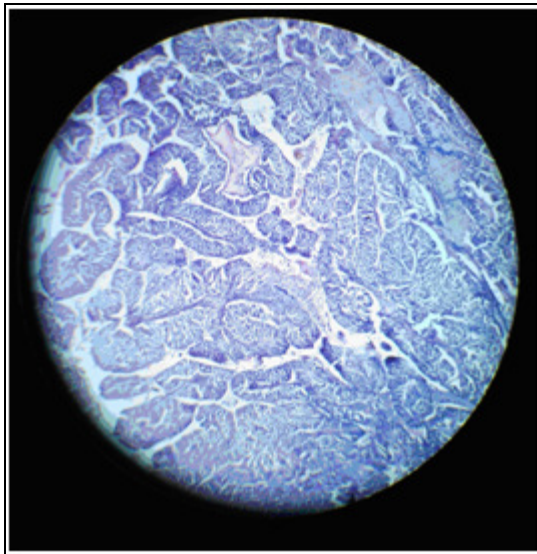


Fig-4: Photo micrograph showing tumor cells in tubular pattern. (H&E, 100X).

Microscopy: Multiple sections studied from both ovarian tumors showed tumor cells predominantly arranged in tubular pattern and solid pattern. Also seen in nests and papillary pattern. The tumor cells are columnar showing pleomorphism.

Scattered argyrophil cells are seen in many foci of tumor. At focal areas seen mucin and papillary pattern of pleomorphic tumor cells. Large areas on necrosis, hemorrhage are of evident. Metastasis seen only in the mesenteric lymphnode. No endometriotic (endometriosis) foci were found in the sections studied.

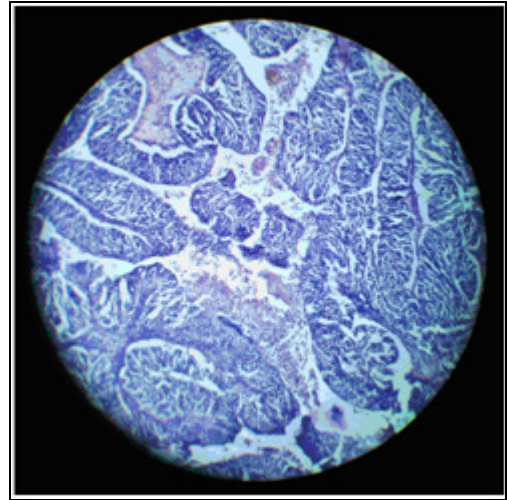


Fig-5: Photo micrograph showing tumor cells in tubular pattern.(H&E, 400x).

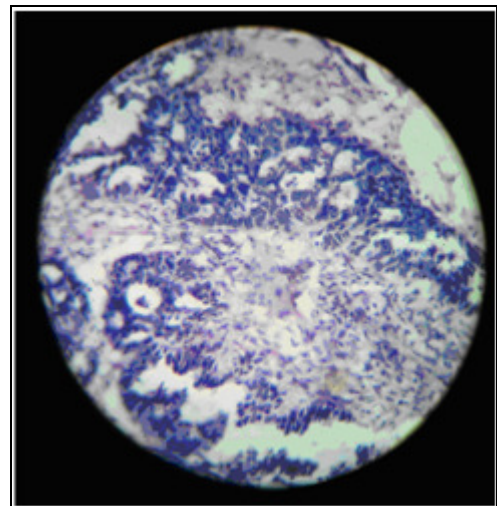


Fig-6: Photo micrograph showing tumor cells in glandular pattern. (H&E 400x)

Discussion

The incidence of endometrioid carcinoma of the ovary varies in different series. It ranges from 10% to 24.4 % [1]. In a series of 56 endometrioid tumors, 50 patients have been involved by one ovary and Bilaterlity noted in 3 patients [4]. Endometrioid carcinoma occurs

most frequently in women in the perimenopausal or post menopausal age group. Up to 42% of cases are associated with ipsilateral ovarian or pelvic endometriosis [2] and 15% to 20% of cases with carcinoma of the endometrium [2]. In present case the tumor is Bilateral with no endometriotic foci.

Conclusion

To conclude we reported a case of bilateral typical endometrioid carcinoma of ovary with no endometriotic foci (endometriosis).

Acknowledgement

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References

1. Czernobilsky B, Silverman B, Mikuta J. Endometrioid carcinoma of ovary. 1970; 25:1141-1152.
2. Gillas BC, Prat J. ovarian carcinoma Pathology and genetics: recent advances. *Human Pathology*. 2009; 40: 1213-1223.
3. Meekin DS, Burger RA, Manetta A, Disaiap. Endometrioid adenocarcinoma of the ovary and its relationship to endometriosis. *Gynecol Oncol*. 1995; 59(1):81-86.
4. Bell AK, Robert JK. A Clinics Pathologic analysis of a typical proliferative tumors and endometrioid carcinoma of ovary. *American journal of surgical Pathology*. 2000; 24(11):1465-1479.

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